

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90013 047 ***150.00

DOCUMENT # P96000027707

1. Entity Name
T & T VENTURES, INC.

Y

Principal Place of Business

**350 DOUGLAS RD
#B
OLDSMAR FL 34677
US**

Mailing Address

**8488 W HILLSBOROUGH AVE
STE 153
TAMPA FL 33615**

2. Principal Place of Business

**343 Douglas Rd
Suite, Apt. #, etc.
#3**

3. Mailing Address

**8488 W. Hillsborough Ave
Suite, Apt. #, etc.
#313**

City & State

OLDSMAR, FL

City & State

TAMPA, FL

4. FEI Number

59-3375088

Applied For

Not Applicable

Zip

34677

Country

Zip

33615

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ASHCRAFT, EDELGARD G ESQ.
300-31ST STREET NORTH STE 206
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **TERZI, MELISSA**
STREET ADDRESS **8488 WEST HILLSBOROUGH AVENUE STE 103 313**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
NAME **TERZI, SAMUEL M**
STREET ADDRESS **8488 WEST HILLSBOROUGH AVENUE STE 103 313**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/00

813-814-0666

Date

Daytime Phone #

*Attachment
DTF P96000027707
DW071404*

T&T Ventures Inc. dba Premiums Direct
343 Douglas Rd. #3, Oldsmar, FL 34677
813-814-0666 Fax 813-855-2184

7/12/00

Florida Department of State
Division of Corporations

Re: Did not receive 1st Notice.

To Whom It May Concern:

This letter is to inform you that I did not receive the First Notice Uniform Business Report. I have been instructed, by your office, to submit \$150.00 and this letter. If you have any questions or concerns please call me at the number above. Thank you.

Sincerely,



By: Samuel M. Terzi
V. President
T&T Ventures Inc.